Ú.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5757	2. Fiscal Year Covered From:	
, ,	01/01/04 Through: 12/31/04	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Scott MALCOLM	Name CARPENTERS UNION LAKES AND PLAINS REGIONAL COUNCIL Labor Organization File Number 5 28543	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 944 CHARLES AVE	Street 700 OLIVE ST.	
city ST. PAUL	er. Paul	
55104-2613	City S7. PAUL 55704 State MN ZIP Code + 4	
State MN ZIP Code + 4	State MN ZIP Code + 4	
5. Position in labor organization. EXECUTIVE SECRETARY	/TREASURE	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:	N/A	
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
	. /	
City	$\Lambda/A$	
City		
State ZIP Code + 4		

## Signature

15. Signature and verification. The undersigned declares, under penalty of P-submitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the sect)	ng documents), has been exami	ned by the signatory and is, to the hest of the
Signed Soft Malcoll	f	651-646-7208 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8.	Name	and	address	of Business	(including	trade name,	if any	V)
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Name ZENITH ADMINISTRATORS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7645 METRO BLVD

City EDINA

State MM

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TWIN CITIES FLOOR COVERS FRINGE BENE FITS FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7645 METRO BLVD

City EDINA

State M /

ZIP Code + 4

11.a. Nature of such dealing.

THIRD PARTY ADMINISTRATOR for TWINCITIES FLOORCOVERS FRINGE BENEFITS fund

11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

Golf AND DINNER

12.b. Amount.

14.a. Nature of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Street 3001 METRO DRIVE

City Blooming Ton!

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

7500

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name UNION BANK AND TRUST CO a. Labor Organization Trade Name, if any: (b) Trust P.O. Box, Bldg., Room No., if any Street 312 CENTRAL AVE SE c. Employer City MPLS State MN 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. • Name 7 WIN CITIES CARPENTERS AND JOINERS STUCK OWNERSHID M FRINGE BENEFITS FUNDS UNION BANK AND TRUST CO Trade Name, if any: 40 SHARES P.O. Box, Bldg., Room No., if any SUITE 500

State MN ZIP Code + 4

DIVIDEND ON STOCK

12.b. Amount. 800

C. Received from any employer (other than an employer covered under parts A and B above)

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer or Consultant ?

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name UNION BANK AND TRUST CO a. Labor Organization Trade Name, if any: (b)Trust P.O. Box, Bldg., Room No., if any Street 312 CENTRAL AVE SE c. Employer city MPLS. 55414 State MN BANK Depository for AND
CUSTODIAN for
TWIN CITIES CARPENTERS AND JOINERS
FRINGE BENEFIT FUNDS 10. If 9.b. or 9.c. is checked give trust or employer's name. Name TWIN CITIES CARPENTERS AND JOINERS FRINGE BENEFITS FUNDS
Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 560 Street 3001 METRO DRIVE 11.b. Approximate dollar value of such dealing. | Billion Dollaes city Bloomington 12.a. Nature of interest held or income received. MEMber of BANK BOARD of State MN Dieschores 12.b. Amount. 6,300 DIRECTORS FEES

C. Received from any employer (other than an employer covered upon from any labor relations consultant to an employer any payment of more	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	NA
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if an	ny)
--	-----

Name UNION BANK & TRUST CO.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3/2 CENTRAL AVE SE

city MPLS.

State MM

11.a. Nature of such dealing.

9. Business deals with:

(b) Trust

c. Employer

a. Labor Organization

OWNERSHIP OF 40 SHARES OF BANK. UNION BANKAND TRUST

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TWIN CITIES CARPENTERS AND JOINERS FRINGE BENEFIT FUNDS Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE SOO

Street 300) METRO DRIVE

City Blooming TON.

State MN

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

VALUE of Stock in UNION BANK AND TRUST Approximately \$7,500

14.a. Nature of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bidg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name MPLS LABOR TEMPLE ASS.	9. Business deals with:
Trade Name, if any:	(a) Labor Organization (BU12DING CORP) b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 3/2 CENTRAL AVE  City MPLS  State MNI  ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such dealing.  MEMBER OF BOARD OF DIRECTORS
Trade Name, if any: P.O. Box, Bldg., Room No., if any	FOR LABOR TEMPLE ASS.  MPLS LABOR TEMPLE ASS OWNS  312 CENTRAL MPLS
Street 312 CENTRAL	11.b. Approximate dollar value of such dealing.
City Mp/S State WM ZIP Code + 4	12.a. Nature of interest held or income received.  DIRECTORS FEES
MON PROFIT BUILDING CORP., THAT LEASES SPACE TO UNIONS	
AND others	f Design

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	

?

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment.

12.b. Amount.